



Fill out on your computer and print
Mail or bring in to Town Clerk's office

TOWN OF WESTPORT

110 MYRTLE AVENUE
WESTPORT CT 06880
203-341-1110

APPLICATION FOR A DOG LICENSE

Dog Name: _____ Dog Breed: _____

Dog Age: _____ Dog Color: _____

OWNER'S INFORMATION

Owner: _____

Owner's Address: _____

Owner's Telephone Number: _____

You may bring the application, supporting material and a check for the fee to the Town Clerk's office or you can send it to us by mail.

MATERIAL REQUIRED:

- ☐ Filled out application
- ☐ A copy of the Rabies Certificate with Expiration Date
- ☐ A copy of a Spay/Neuter certificate (required if the dog has been altered)
- ☐ A check for the fee, payable to the Town of Westport. See correct amount below.

\$8/year, neutered or spayed \$19/year, non-neutered or non-spayed \$51/year, 10-dog kennel

- ☐ Self-addressed stamped return envelope

The certificates will be returned when we mail you the license. We do not keep them.